



**State of North Carolina Adolescent Re-Education Program
Department of Health & Human Services
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services**

Mission Statement

The Mission of Whitaker School is to provide the best possible ReEducation services to the behaviorally and emotionally disturbed youth of North Carolina needing secure residential care through excellence in diagnosis, treatment and education and to facilitate the development of strong, effective community-based resources through an ecologically based approach so that the youth may return to successful, productive lives in their home communities.

Philosophy

We teach and in teaching from the heart, we counsel.
We counsel, and in counseling from the heart, we teach!

**The Whitaker School at John Umstead Hospital
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THE WHITAKER SCHOOL

PROGRAM STATEMENT

The North Carolina Adolescent Re-Education program is an 18-bed Secure Residential Treatment Center located on the campus of John Umstead State Hospital in Butner, North Carolina. It was established in and for the residents of the State of North Carolina as part of the *Willie M. vs. James B. Hunt, et. al.* lawsuit as one of the stipulations to settlement. The program was developed to provide both treatment and training to adolescents who were severely emotionally and behaviorally disturbed but who could not be provided adequate services by the existing resources of the state's Juvenile Justice or Mental Health system. The program opened October 4, 1980.

What is unique about the Whitaker School program is that it is designed to provide the highest level of security needed by our students but it is also ecological in its scope. In seeking to return students to home town communities with strengths and resiliency to remain full and contributing members of that community, the school not only offers a complement of special education and academic programs, mental health counseling, but also family and community oriented services that begin while the child is still in placement. The program has been very successful in fulfilling its mission. The school succeeds in returning approximately 69% of its graduates to more successful lives in their hometown communities across North Carolina. Admission is restricted to male and female adolescents 13 to 17 years of age, and each student must be a resident of North Carolina with severe and persistent emotional and behavioral problems. The average length of stay is nine to twelve months.

PROGRAM CONTENT

The program is based on the Re-Education model of treatment developed by Nicholas Hobbs (*The Troubled and Troubling Child*, 1983, Jossey Bass). The school coordinates services with local Mental Health programs, the families and other interested parties. Through this ecological method of service delivery, the program seeks to both rehabilitate and educate our students. Residential services are provided 24 hours a day seven days per week. Clinical services available to all students include Individual treatment planning, psychiatric care, psychopharmacology, psychological testing and individual psychotherapy. Services provided to all students include:

- Positive Peer Group Culture to enable the student to learn effective communication and conflict-resolution skills.
- Individual Treatment Plans and Individual Education Plans that are based on an ecological and transitional service plan.
- Fully accredited school with a complement of educational services
- Independent living skills training activities.
- Individualized behavior management programs based on performance that is evaluated on a weekly and monthly basis through community planning/progress meetings with family members and the students Child & Family Team.
- Psycho-educational counseling programs that include self-esteem and image enhancement, substance abuse education, human sexuality, stress management, relaxation training, problem solving, anger management and life space crisis interventions.
- Recreation and Leisure Skills programs including community-based recreational outings.
- Vocational Aptitude and Interest Testing, prevocational skills development, and work-site experiences.
- Liaison services for family support and step-down planning through Liaison Teacher/Counselors assigned to specific regional areas of the state.
- Specialty treatment groups addressing substance abuse, sexually aggressive behavior, etc.

USE OF POSITIVE PEER CULTURE

The major focus of the program at Whitaker School takes a Collaborative Group Process support and accountability approach to strengthen the developmentally appropriate opportunities for our youth to learn from and with their peers. Therefore, group identity and peer group processing of goals, issues, and problems are important to us. We utilize this group process in many ways so that our students will have an opportunity to develop resiliency factors. According to Hobbs, we know developmentally that, “the group is a major source of instruction in growing up.” Through living with and sharing experiences with a group of peers, adolescents learn:

1. To gain social support and caring from adults and peers
2. To gain a sense of social belonging
3. To promote a sense of physical and emotional safety
4. To provide opportunities to have input into decision-making
5. To give students an experience of meaningful leadership roles and responsibilities
6. To integrate and practice changing behavior patterns
7. To give them an opportunity to learn new skills, thereby developing their cognitive competencies
8. To reflect concrete structures and rituals of practice in the therapeutic environment
9. To foster empathy and understanding about actions and behaviors and the impact they have on others

To this end, the program provides four organized group meetings and conferences daily.

1. Planning Meeting daily – 8:00am
2. Progress Meeting daily – 11:30pm
3. Process Meeting as needed, but at least once per day – 5:00pm
4. Positives Meeting daily – 8:15pm

TRANSITIONAL/ECOLOGICAL TREATMENT

Another major focus of treatment is each student’s ecological system. Successful reintegration into the community is a key treatment plan objective for each of our residents. We enlist the participation of the agency representatives to create viable treatment discharge and aftercare solutions. To create the most seamless transition back into the community requires coordinated and focused work by many along the way. The school provides support for weekend home visits to family members or specialized therapeutic families twice each month. Each student is present monthly for his or her Community Planning Conference to review progress and developing community planning goals and objectives. These meetings specifically address the Transitional Plan of the student’s Individual Education Plan in reviewing how those person’s and agencies in the child and family’s life are supporting transitions to and from the home community.

Job skills are an important ingredient to our transitional planning and are considered vital to the development of key resiliency factors. Personal experiences and skills for job readiness have been found to be a major antidote to adolescent criminal behaviors. Training in vocational skills and opportunities to work off campus as part of the Vocational and Occupational Course of Study are a key component of the transitional ecological plan.

The transitional/ecological plan is coordinated through the student’s liaison teacher counselors. Through changes in the child’s family or “micro-system” the student has an opportunity to learn from the confluence of school, family, peer group and community members. Shaping and changing the ecological environment to which a student will return in a healthy and supportive way has been linked to building the resiliency and capacity of students to adapt to stressors in a more positive manner. It allows the program to impact and change the ecological macro-system to which the child will return by creating changes at the micro-system of the student’s world. The ability of the student to experience change in a positive way, at both the micro and macro system level, will allow the student to develop a sense of autonomy, independence and heightened social competence. Fraser has equated that to the development of resilience (*Fraser, Mar., W., Risk and Resilience in Childhood, 1997*). This allows families and other agencies serving each student to work collaboratively to sustain change and growth in a positive direction after discharge.

USE OF SECURE TREATMENT

Based on a review of the pre-placement records of the last 200 students admitted to the school, the level of dangerousness can be seen in the following significant information:

• Attempted suicide prior to placement at Whitaker	98
• Admission to Psychiatric Hospitals 3 or more times	180
• Admission Foster Care Homes & Group Homes 4 or more times	77
• Admission to Juvenile Justice facilities 2 or more times	81
• History of running away from placements	63
• History of substance abuse	69
• History of assaulted their family members	84
• History of seriously assaulting peers	56

In the children admitted to Whitaker School, we can see a chronic pattern of behaviors that are of high-risk to self as well as dangerous to others, including assault on family members, staff at placements, foster parents, peers, government officials and school staff. It is not likely that these children would be able to remain at home or in a community based residential treatment center, with that chronic pattern of behavioral disorders. Most (81%) have been expelled or summarily discharged from such community-based programs in the past. The others (19%) were first seen in juvenile justice facilities for serious offenses. These students need a formal and highly structured intervention combining both residential program based services and community-based components linked over a period of time to succeed. These are children who are considered at a very high risk of institutional dependency over the course of not only their adolescent but also their adult life. Over forty percent of the students admitted are in the legal custody of the Department of Social Services. Approximately thirty percent are under the jurisdiction of county Juvenile Courts, most are placed at Whitaker as part of a supervised alternative sentence to Training School. These students, while obviously experiencing typical psychiatric and psychological symptoms, have, as Hobbs said, "difficulties arising from interactions of the child with significant people in his or her world." Many have been involved in multiple family living situations, sometimes abandoned by significant adults, sometimes victims of abuse by significant people. Approximately 94% have experienced severe and repetitive trauma. Because of the history of our students, the security of the facility is a protective barrier. It is a level of protection that works both to protect the community when a student has been violent or aggressive and protect the student from a world that has been both violent and aggressive until they learn how to cope with and build resiliency that will provide them with other protective factors.

The school is organized around two residential units. Each unit is comprised of nine students. Each unit or lodge houses six boys and three girls. Students attend regular high school and middle school classes with their peers from their lodge. The lodges are the Gator Lodge and the Eagle Lodge, serving students from all of North Carolina. Some programs such as art classes or recreational activities combine students from across lodges for specific programming needs. Referrals are generated at the community level and are submitted to local Collaboratives for approval. The referral is then sent to Whitaker School for review by the Admissions Committee. If a student deemed appropriate by the committee, clinical staff interview the prospective in the current placement in order to make a final decision about appropriateness. Prior to the admission Whitaker holds a Pre-Admission Treatment Team meeting to initiate broad plans for services needed for discharge.

PERFORMANCE OUTCOMES

Post-treatment performance outcomes were measured based on the ability of the graduates to maintain a healthier lifestyle over the next several years, as measured by: no new legal problems or charges against the students; the ability of the students to remain in school or some GED program; and their ability to reside in a less restrictive environment without psychiatric institutional care. Overall results for 111 students studied over two years are reported below as percentage of success rates at 6, 12, 18 and 24 months. *Ecological Outcomes of Adolescents in Psychoeducational Residential Treatment Facility, Hooper et.al. American Journal of Orthopsychiatry, Vol.70, 491-500.*

Percentage of graduates never needing more restrictive level of care	87% range (89%-82%)
Percentage of graduates staying in school or Ed. Programs for 2 years	79% range (95%-77%)
Percentage of graduates remaining free of any criminal behaviors	80% range (85%-76%)